

3251

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 331	
County <u>Yuma</u>	District <u>Yuma</u>	County Registered No. <u>174</u>	Local Registrar's No. <u>170</u>
ORIGINAL CERTIFICATE OF DEATH			
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Truman Ricketts</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race <u>White Indian</u>	DATE OF DEATH <u>Oct 6</u> , 191 <u>9</u> (Month) (Day) (Year)	
	SINGLE <u>MARRIED</u>	I hereby certify, that I attended deceased from <u>Oct 6</u> 191 <u>9</u> to <u>Oct 6</u> 191 <u>9</u> ; that I last saw him alive on <u>Oct 6</u> 191 <u>9</u> , and that death occurred on the date stated above at <u>5100A</u> M. The DISEASE or INJURY causing Death was as follows: <u>Diphtheria</u>	
DATE OF BIRTH <u>March 30</u> , 191 <u>8</u> (Month) (Day) (Year)	AGE <u>1</u> yrs. <u>6</u> mos. <u>6</u> days If less than 1 day, hrs., or min.	(Duration) _____ yrs. _____ mos. _____ days	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)		Was disease contracted in Arizona? _____ where? _____	
BIRTHPLACE (State or country) <u>Yuma Ariz</u>		CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days	
NAME OF FATHER <u>E. Y. Ricketts</u>		(Signed) <u>Chas. H. Hurdall</u> Oct. 7 191 <u>9</u> (Address) <u>Yuma Ariz</u>	
BIRTHPLACE OF FATHER <u>mo</u> (State or country)		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
MAIDEN NAME OF MOTHER <u>Hattie Sturtevant</u>		LENGTH OF RESIDENCE	
BIRTHPLACE OF MOTHER <u>U. M.</u> (State or country)		At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
The Above is True to the Best of my Knowledge (Informant) <u>W. H. Hurdall</u> (Address) <u>Yuma Ariz</u>		Former or Usual Residence _____	
PLACE OF BURIAL OR REMOVAL <u>Yuma Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>Oct 7</u> , 191 <u>9</u>	Filed <u>Oct 7</u> , 191 <u>9</u> <u>May A. Hurdall</u> Local Registrar.	
UNDER-SIGNER <u>W. H. Hurdall</u>	ADDRESS <u>Yuma Ariz</u>	Filed <u>11/10</u> , 191 <u>9</u> <u>W. H. Rooney</u> County Registrar.	